

Wisconsin Department of Regulation & Licensing

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APPLICATION FOR APPROVAL OF FUNERAL DIRECTOR INSTRUCTOR

Submit one form for each instructor requesting approval. Please reproduce a supply for use with initial application and for future use.

NAME OF INSTRUCTOR: _____

A. ADDRESS: _____
Street City State Zip Code

B. DAYTIME TELEPHONE NUMBER: (during work hours) (_____) _____

C. PLEASE ATTACH THE INSTRUCTOR'S RESUMÉ. (See attachment.)

D. EDUCATIONAL BACKGROUND:

1. Years of college/university _____

Degree _____ Major _____

2. Education related to funeral director practice: _____

3. Adult training classes attended: _____

E. TEACHING EXPERIENCE:

NAME OF SCHOOL	FROM		TO		SUBJECTS TAUGHT	SUPERVISOR/ MANAGER	PART- TIME	FULL- TIME
	mo	yr	mo	yr				

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F. FUNERAL DIRECTOR OCCUPATIONAL EXPERIENCE (last 3 companies only):

EMPLOYING COMPANY	JOB DESCRIPTION	SUPERVISOR/ MANAGER	FROM		TO	
			mo	yr	mo	yr

1. Have you been licensed as a funeral director for the five-year period preceding the date of this application? (Circle Yes or No.) YES NO

G. PLEASE SUMMARIZE INFORMATION TO DESCRIBE YOUR QUALIFICATIONS. How do those experiences qualify you to teach this course?

SIGNATURE OF INSTRUCTOR

DATE